MIRCal
Medical Information Reporting for California

Facility User Account Administrator Agreement

Please print clearly

Section 1: MIRCal User Account Administrator Information *(all information is required)*

1. FACILITY NUMBER:	2. FACILITY NAME:

3. NAME (FIRST, MIDDLE INITIAL, LAST):

4. BUSINESS ADDRESS (MAILING ADDRESS):	5. UNIQUE EMPLOYEE IDENTIFIER: *Note: An identifier that uniquely distinguishes you within your organization.*

6. BUSINESS PHONE:	7. BUSINESS FAX:

8. E-MAIL ADDRESS:

9. AUTHENTICATION WORDS: *Remember these words, you may be asked to identify yourself with this information if you call to reset your password.*

a. *Your mother's maiden name:*	b. *Your city of birth:*

I understand that as an appointed MIRCal User Account Administrator on behalf of the hospital, I have the responsibility to:

1. Create/add and delete user accounts for other MIRCal users within my facility. Creating a user account grants access for an individual to read, submit and correct my facility's confidential data. Deleting user accounts revokes this access.
2. Modify the demographic information for my facility's Primary, Secondary and Administrator Contacts. This will be the method that OSHPD is notified of any changes in name, mailing address, phone number, and email address for each contact. Modifying contact demographic information directly changes the information on the OSHPD database.
3. Reset passwords for MIRCal users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password.
4. Unlock MIRCal user accounts. MIRCal wll lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account.

By signing this document I acknowledge reading, understanding, and agreeing to its contents.

10. USER ACCOUNT ADMINISTRATOR SIGNATURE:	11. DATE:

Section 2: Facility Administrator Approval *(all information is required)*

12. FACILITY ADMINISTRATOR NAME:	13. FACILITY ADMINISTRATOR SIGNATURE:
14. DATE:	15. PHONE NUMBER:

The **original** of this completed form, for each User Account Administrator having OSHPD on-line access, shall be provided to OSHPD at the time it is prepared and signed.

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

Facility User Account Administrator Agreement Definitions

Make a copy of the completed forms for your records. Mail the original(s) to:

Office of Statewide Health Planning and Development
Patient Discharge Data Section
818 K Street, Room 100
Sacramento, CA 95814

Contact Information
Call your OSHPD Analyst or (916) 324-6147
E-mail   mircal@oshpd.state.ca.us

SECTION 1: MIRCal User Account Administrator Information *(All fields must be completed)* -- ***To be completed by the prospective MIRCal User Account Administrator***

1. Facility Number: Provide your OSHPD assigned facility number.

2. Facility Name: Provide the name of your facility.

3. Name: Provide your full name.

4. Business Address (Mailing Address): Enter the business address where you can receive mail.

5. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization.

6. Business Phone: Provide a phone number where you can be contacted.

7. Business Fax: Provide a fax number where you can receive faxes.

8. E-mail address: Provide an email address where you can be contacted.

9. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
    a.   Provide your mother's maiden name
    b.   Provide your city of birth

10. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.

11. Date: Provide the date that the facility agreement was completed and signed.

SECTION 2: Facility Administrator Approval *(All fields must be completed)* – ***To be completed by the Facility Administrator***

12. Facility Administrator Name: Print your name

13. Facility Administrator Signature: After you have reviewed and approved the completed Facility User Account Administrator Agreement, you must provide your signature indicating approval of person to act as the MIRCal User Account Administrator

14. Date: Date of signature

15. Phone Number: Provide a phone number where you can be reached.

SECTION 3: For OSHPD Use Only